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PATENT APPLICATION FEE DETERMINATION RECOR								Application or Docket Number RD							
	Effective October 1, 2000								09768012						
CLAIMS AS FILED - PART I								LL E		TUAN					
T _C	OTAL CLAIMS		(Column	1 1)	(Colu	(Column 2)		TYPE		OR	OTHER THAN OR SMALL ENTITY				
								TE	FEE		RATE	FEE			
FOR			NUMBER	FILED	NUME	BER EXTRA	BASI	C FEE	355.00	OR	BASIC FEE	· 710.00			
TOTAL CHARGEABLE CLAIMS			153 mir	nus 20=	* 1.3	3	X\$	9=		ÖR	X\$18=	2394.00			
INDEPENDENT CLAIMS			1 / 2-	inus 3 =	9		X4	0=		OR	V00	72000			
MU	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				+135=			1		1000			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2							ΓAL	 	OR OR	TOTAL	2021			
CLAIMS AS AMENDED - PART II								/_		1011	OTHER	3824 o			
	18.7 Carried Spring Control Sections	(Column 1)	francis disease, and the construction con-	(Colum		(Column 3)	SMA	ALL I	ENTITY	OR	SMALL				
MENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
AMENDMENT	Total	. 32	Minus	** 1:	53	=	X\$:	9=		OR	X\$18=				
AME	Independent	NTATION OF MI	Minus	***	2	=	X40)=		OR	X80=				
	FINOT FREGE	ENTATION OF MI	JLIIPLE DEI	PNDENI	CLAIM		+13	5=		OR	+270=				
							TC	DTAL			TOTAL				
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	IEST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
NON	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=				
AME	Independent	* NTATION OF MU	Minus	***	CLAINA	=	X40	=		OR	X80=	- · - · - · · · · · · · · · · · · · · ·			
	777777	WITHOUT OF WIC	ACTIFICE DEP	ENDENT	CLAIIVI		+135	5=		OR	+270=				
							TO ADDIT. I	TAL		OR	TOTAL	<u> </u>			
		(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT.	- C. C. L		1 /	ADDIT. FEE				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RAT	E .	ADDI- TIONAL (FEE		RATE	ADDI- TIONAL FEE			
END	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=				
AM	Independent	*	Minus	***	. 61 4114	=	X40:			OR	X80=				
	rinoi Phese	NTATION OF MU	JUIPLE DEP	ENDENT	CLAIM		1125								
* **	f the entry in colur	mn 1 is less than th	e entry in colu	mn 2, write	"0" in col	umn 3.	+135	TAL		OR [+270= TOTAL				
	If the "Highest Nur	mber Previously Pa mber Previously Pa	aid For" IN THIS	S SPACE is	s less than	n 3. enter "3."	ADDIT. F	EE			DDIT. FEE				
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															

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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Docket Number													
CLAIMS AS FILED - PART I								L EI	NTITY		OTHER	THAN	
		* ,, ;	(Column 1) (Column 2)			TYPE			OR	SMALL			
ТО	TAL CLAIMS							E	FEE] [RATE	FEE	
FO	R		NUMBER	FILED	NUME	BER EXTRA	BASIC	FEE	355.00	OR	BASIC FEE	· 710.00	
TO	TAL CHARGEA	BLE CLAIMS	42 min	us 20=	• 2,	2	X\$ 9	=		OR	X\$18=	396	
IND	EPENDENT CL	AIMS	/2 minus 3 = *				X40=		OR	X80=	720		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT			+135	5=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	TOTA			OR	TOTAL	1826	
CLAIMS AS AMENDED - PART II									L		OTHER	THAN	
		(Column 1)		(Colui		(Column 3)	SMALL		ENTITY	OR	SMALL ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	X\$ 9	=(OR	X\$18=		
AME	Independent	*	Minus	***		=	X40	=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135				+270≓	:	
								TAL		OR	TOTAL		
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10	(Column 1) CLAIMS			(Colur HIGH		والمستحد والمستحد والمستحد والمستحد			ADDI	i i		ADDI	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESENT EXTRA	RAT	E	ADDÍ- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X40	=		OR	X80=		
	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT C		CLAIM		+135			OR	+270=			
								TAL			TOTAL		
				(0.1		<i>i</i> a. a.	ADDIT. F	EE		OR	ADDIT. FEE	<u> </u>	
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								1001	1 1		4001	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X40:	_			X80=	<u> </u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
	If the entry in colu	ımn 1 is less than t	he entry in col-	ımn 2 samit	e "∩" in o	olumo 3	+135			OR	+270=		
**	If the "Highest Nu "If the "Highest Nu	imber Previously Pumber Previously Pumber Previously Pumber Previously Pa	aid For" IN TH	IS SPACE	is less that is less th	an 20, enter "20." an 3, enter "3."	ADDIT. F		propriate bo		TOTAL ADDIT. FEE lumn 1.		